

**Electronic Filing System (EFS) Data
Electronic Patent Application Submission
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EFS ID: **12070**
Application ID: **09682231**
Title of Invention: **METHODS AND SYSTEMS FOR
TRANSITIONING BETWEEN
THUMBNAILS AND DOCUMENTS
BASED UPON THUMBNAIL
APPEARANCE**

First Named Inventor: **Ruth ROSENHOLTZ**
Domestic/Foreign Application: **Domestic Application**
Filing Date: **null**
Effective Receipt Date: **2001-08-08**
Submission Type: **Utility Patent Filing**
Filing Type: **new-utility**
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Digital Certificate Holder: **cn=Thomas J. Pardini, ou=Registered Attorneys, ou=Patent and
Trademark Office, ou=Department of Commerce, o=U.S.
Government, c=US**
Certificate Message Digest: **pYMLP7oN+dvpxxNx8wxJjA==**

Total Fees Authorized: **\$750.0**



Payment Category: **DA - Deposit Account**
Deposit Account Number: **240037**
Deposit Account Name: **Thomas J. Pardini**

TRANSMITTAL FORM

13930 U.S. PRO
09/682231
08/08/01

Electronic Version 1.0.2

Stylesheet Version: 1.0

Attorney Docket Number: 110268

METHODS AND SYSTEMS FOR TRANSITIONING BETWEEN THUMBNAILS AND DOCUMENTS BASED UPON THUMBNAIL APPEARANCE

First Named Inventor: Ruth E. ROSENHOLTZ

SUBMITTED BY

Name: Thomas J. Pardini
Registration Number: 30411
Electronic Signature Mark: /Thomas J. Pardini/
Date Signed: 20010808

I certify that the use of this system is for OFFICIAL correspondence between patent applicants or their representatives and the USPTO. Fraudulent or other use besides the filing of official correspondence by authorized parties is strictly prohibited, and subject to a fine and/or imprisonment under applicable law.

I, the undersigned, certify that I have viewed a display of document(s) being electronically submitted to the United States Patent and Trademark Office, using either the USPTO provided style sheet or software, and that this is the document(s) I intend for initiation or further prosecution of a patent application noted in the submission. This document(s) will become part of the official electronic record at the USPTO.

Attached Files:

specification ob110268.xml
declaration Dec1.tif

declaration	Dec2.tif
declaration	Dec3.tif
patent-assignment	x110268asgn.xml
bibd-transmittal	x110268apds.xml
fee-transmittal	x110268fee.xml

Attached Image File(s):

Decl.tif

Dec2.tif

Dec3.tif

Comments:

APPLICATION FOR UNITED STATES PATENT
DECLARATION AND POWER OF ATTORNEY

As a below named inventor, I hereby declare that:

My residence, post office address and citizenship are as stated below next to my name; that

I verily believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural inventors are named below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

**METHODS AND SYSTEMS FOR TRANSITIONING BETWEEN THUMBNAILS AND DOCUMENTS BASED
UPON THUMBNAIL APPEARANCE**

described and claimed in the specification:

Check one

*a. attached hereto.

b. filed on _____ as Application No. _____ and amended on _____ (if applicable).

I hereby state that I have reviewed and understand the contents of the above-identified specification, including the claims, as amended by any amendment referred to above.

I acknowledge the duty to disclose to the Office all information known to me to be material to patentability as defined in Title 37, Code of Federal Regulations, §1.56. Under Title 35, U.S. Code §119, the priority benefits of the following foreign application(s) and/or United States provisional application(s) filed by me or my legal representatives or assigns within one year prior to this application are hereby claimed:

The following application(s) for patent or inventor's certificate on this invention were filed in countries foreign to the United States of America either (a) more than one year prior to this application, or (b) before the filing date of the above-named foreign priority application(s) and/or United States provisional application(s):

I hereby appoint the following as my attorneys of record with full power of substitution and revocation to prosecute this application and to transact all business in the Patent Office:

James A. Oliff, Registration No. 27,075; William P. Berridge, Registration No. 30,024;
Kirk M. Hudson, Registration No. 27,562; Thomas J. Pardini, Registration No. 30,411;
Edward P. Walker, Registration No. 31,450; Robert A. Miller, Registration No. 32,771;
Mario A. Costantino, Registration No. 33,565; Stephen J. Roe, Registration No. 34,463;
Joel S. Armstrong, Registration No. 36,430; Christopher W. Brown, Registration No. 38,025;
Richard E. Rice, Registration No. 31,560; Mark Costello, Registration No. 31,342;
Richard B. Domingo, Registration No. 36,784; Eugene O. Palazzo, Registration No. 20,881;
Dennis A. Robitaille, Registration No. 34,098; Ronald F. Chapuran, Registration No. 26,492;
Kevin R. Kepner, Registration No. 32,145; and/or Don L. Webber, Registration No. 34,275.

ALL CORRESPONDENCE IN CONNECTION WITH THIS APPLICATION SHOULD BE SENT TO OLIFF & BERRIDGE, PLC, P.O. BOX 19928, ALEXANDRIA, VIRGINIA 22320, TELEPHONE (703) 836-6400.

I hereby declare that I have reviewed and understand the contents of this Declaration, and that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

1 <i>Typewritten Full Name of First or Sole Inventor</i>	Ruth	E.	ROSENHOLTZ
2 <i>**INVENTOR'S SIGNATURE:</i>	<i>(With E. Rose)</i>		Family Name
3 <i>**DATE OF SIGNATURE:</i>	<i>8-6-2001</i>		
Residence:	Month	Day	Year
	California		USA
Citizenship:	City	State or Province	Country
Post Office Address: (Insert complete mailing address, including country)	<i>c/o Xerox PARC</i>		
	<i>3333 Coyote Hill Road, Palo Alto, California 94304, USA</i>		

*This form may be executed only when attached to the specification (including claims) at the end thereof if Box a. is checked.

**Note to Inventor: Please sign name exactly as it appears above and insert actual date of signing.

IF THERE IS MORE THAN ONE INVENTOR USE PAGE 2 AND PLACE AN "X" HERE

Page 2 OF U.S.A. DECLARATION FORM

1	<i>Typewritten Full Name of Second Joint Inventor (if any)</i>	Allison	G.	WOODRUFF
		Given Name	Middle Initial	Family Name
2	**INVENTOR'S SIGNATURE:			
3	**DATE OF SIGNATURE:	08-06-2001	Month	Day
			Year	
Residence:	Foster City City	California State or Province	USA Country	
Citizenship:	USA			
	Post Office Address: (Insert complete mailing address, including country)	c/o Xerox PARC 3333 Coyote Hill Road, Palo Alto, California 94304, USA		
1	<i>Typewritten Full Name of Third Joint Inventor (if any)</i>	Andrew	R.	FAULRING
		Given Name	Middle Initial	Family Name
2	**INVENTOR'S SIGNATURE:			
3	**DATE OF SIGNATURE:	Month	Day	Year
Residence:	Pittsburgh City	Pennsylvania State or Province	USA Country	
Citizenship:	USA			
	Post Office Address: (Insert complete mailing address, including country)	1002 Flemington Street, Pittsburgh, Pennsylvania 15217, USA		
1	<i>Typewritten Full Name of Fourth Joint Inventor (if any)</i>	Given Name	Middle Initial	Family Name
2	**INVENTOR'S SIGNATURE:			
3	**DATE OF SIGNATURE:	Month	Day	Year
Residence:	City	State or Province	Country	
Citizenship:				
	Post Office Address: (Insert complete mailing address, including country)			
1	<i>Typewritten Full Name of Fifth Joint Inventor (if any)</i>	Given Name	Middle Initial	Family Name
2	**INVENTOR'S SIGNATURE:			
3	**DATE OF SIGNATURE:	Month	Day	Year
Residence:	City	State or Province	Country	
Citizenship:				
	Post Office Address: (Insert complete mailing address, including country)			

****Note to Inventors:** Please sign name exactly as it appears and insert the actual date of signing.
This form may be executed only when attached to the first page of the Declaration and Power of Attorney form and the
application to which it pertains.

Page 2 OF U.S.A. DECLARATION FORM

1	Typewritten Full Name of Second Joint Inventor (if any)	Allison	G.	WOODRUFF
		Given Name	Middle Initial	Family Name
2	**INVENTOR'S SIGNATURE:			
3	**DATE OF SIGNATURE:			
	Month	Day	Year	
Residence:	Foster City	California	USA	
	City	State or Province	Country	
Citizenship:	USA			
	Post Office Address: (Insert complete mailing address, including country)	c/o Xerox PARC 3333 Coyote Hill Road, Palo Alto, California 94304, USA		
1	Typewritten Full Name of Third Joint Inventor (if any)	Andrew	R.	FAULRING
		Given Name	Middle Initial	Family Name
2	**INVENTOR'S SIGNATURE:			
3	**DATE OF SIGNATURE:			
	Month	Day	Year	
Residence:	Pittsburgh	Pennsylvania	USA	
	City	State or Province	Country	
Citizenship:	USA			
	Post Office Address: (Insert complete mailing address, including country)	1002 Flemington Street, Pittsburgh, Pennsylvania 15217, USA		
1	Typewritten Full Name of Fourth Joint Inventor (if any)	Given Name	Middle Initial	Family Name
2	**INVENTOR'S SIGNATURE:			
3	**DATE OF SIGNATURE:			
	Month	Day	Year	
Residence:	City	State or Province	Country	
Citizenship:				
	Post Office Address: (Insert complete mailing address, including country)			
1	Typewritten Full Name of Fifth Joint Inventor (if any)	Given Name	Middle Initial	Family Name
2	**INVENTOR'S SIGNATURE:			
3	**DATE OF SIGNATURE:			
	Month	Day	Year	
Residence:	City	State or Province	Country	
Citizenship:				
	Post Office Address: (Insert complete mailing address, including country)			

**Note to Inventors: Please sign name exactly as it appears and insert the actual date of signing.
This form may be executed only when attached to the first page of the Declaration and Power of Attorney form and the specification (including claims) of the application to which it pertains.

FEE TRANSMITTAL

Electronic Version 1.0.4

Stylesheet Version: 1.0

Patent fees are subject to annual revisions on or about October 1st of each year.

Large Entity

TOTAL FEES AUTHORIZED: \$ 750

The commissioner is hereby authorized to charge indicated processing and/or publication fees and credit any overpayments to:

Deposit Account Number: 24-0037



Deposit Account Name: XEROX CORPORATION

Charge Any Additional Fee Required Under 37 C.F.R. Sections 1.16 and 1.17.

SUBMITTED BY

Authorized Name: Thomas J. Pardini

Electronic Signature Mark: /Thomas J. Pardini/

Date Signed: 20010808

BASIC FILING FEE

Fee Description	Fee Code	Fee Paid
Utility Filing Fee	101	\$ 710

Subtotal For Basic Filing Fee: \$ 710

EXTRA CLAIM FEES

	Fee Code	Fee	Extra Claims	Fee Paid
Total Claims: 8	103	\$ 18	0	\$ 0
Independent Claims: 2	102	\$ 80	0	\$ 0

Subtotal For Extra Claims Fees: \$ 0

ADDITIONAL FEES

Fee Description	Fee Code	Fee Paid
Recording Each Patent Assignment Per Property Fee	581	\$ 40

Subtotal For Additional Fees: \$ 40